

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 70/667040  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2		3					52							
3		31					53							
4		3					54							
5			1				55							
6				1			56							
7			1				57							
8			1				58							
9			1				59							
10							60							
11				1			61							
12							62							
13							63							
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15							65							
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40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1		5				TOTAL IND.							
TOTAL DEP.	9		3				TOTAL DEP.							
TOTAL CLAIMS	10		8				TOTAL CLAIMS							